

Medications & Vitamins to be taken at camp:

Medication Name	Dose	How Often	Reason	What happens if dose is missed?

Over-the-counter medications will be available while your child is at camp if needed. The camp medication supply includes, but is not limited to the list below. These medications may be administered under the direction of the camp nurse/doctor. Dosages will be as listed on labels. Generic equivalents may be used if available. Please check YES if you approve or NO if you do not approve of the medication being used (for each medication):

- | | | | | | |
|-------------------------------------|------------------------------------|--|-------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tylenol (minor aches/pains, fever) | <input type="checkbox"/> | <input type="checkbox"/> | Benadryl (congestion, allergic reactions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Advil (minor aches/pains, cramps) | <input type="checkbox"/> | <input type="checkbox"/> | Tussin DM (cough) |
| <input type="checkbox"/> | <input type="checkbox"/> | Tums (upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> | Throat Lozenges (sore throats) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pepto-Bismol (upset stomach/nausea/indigestion) | <input type="checkbox"/> | <input type="checkbox"/> | Imodium (diarrhea) |
| <input type="checkbox"/> | <input type="checkbox"/> | Topical Ointments (aloe vera, Hydrocortisone, antibiotic ointment, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

***It is our desire to provide the best health care for your camper while he/she is with us. This form is to be completed and signed by the parent or guardian whose name appears on the front page.**

- ✓ **No camper can be accepted without this form.**
- ✓ **If coming to camp by bus, this must be presented in order to board the bus.**
- ✓ **If arriving at Big Lake by any other means, this form must be presented at the time of check-in.**

This health history is correct and the person herein described has permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I cannot be reached in an emergency, I hereby give my permission to the physician in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter. I also give permission to the nurse/doctor to give over-the-counter medications as listed above including but not limited to pain medication, cold and flu medication unless otherwise noted. I understand that every effort will be made to contact me if my child is ill or injured. A photo copy of this authorization shall be as valid as the original.

* _____
Parent's Signature **Date**

Office use only

Camper Name _____ Camp Week _____ Cabin # _____



Big Lake Health Information Form - 2017

Please bring this form with you – this form MUST accompany your child to camp, either by bus or private transportation. The form is to be completed no more than 7 days prior to the registered camp start date.

Camper's Full Legal _____ Nickname _____
 Birth date _____ Age _____ Male Female
 Custodial Parent/Guardian _____ Relation _____
 Home Address _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

Emergency Contact: If I'm not available in an emergency, please contact in the following order:

(1) Name _____ Relationship _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

(2) Name _____ Relationship _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

(3) Name _____ Relationship _____
 Home Phone _____ Business Phone _____
 Cell Phone _____ Pager _____

Physician _____ City/State _____
 Office Phone _____ Other _____

Dentist _____ City/State _____
 Office Phone _____ Other _____

Camper Health Insurance Information*

Insurance Company: _____
 Employer _____ City/State: _____
 Policy Holder: _____ Birthdate: _____
 Policy/Member Number _____ Group Number: _____

**Big Lake Youth Camp carries an accident insurance policy on each camper. In case of an emergency, hospitals require this information as well.*

Camper Medical Information

Please help us make your child's Big Lake experience even safer by completing ALL of the Camper Medical Information.

Please check (√) all conditions that the camper currently has or has had in the past:

- | | |
|--|---|
| <input type="checkbox"/> Asthma
Personal best on peak flow _____
<input type="checkbox"/> Cancer Type _____
Remission Date _____
<input type="checkbox"/> Cerebral Palsy
<input type="checkbox"/> Chickenpox
<input type="checkbox"/> Dental braces/retainer (circle)
<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Ear Tubes
<input type="checkbox"/> Eye glasses/contacts (circle)
<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Headaches
<input type="checkbox"/> Hearing Aid
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Heart Condition
Specify _____
<input type="checkbox"/> Hypoglycemia (Low Blood Sugar)
<input type="checkbox"/> Measles
<input type="checkbox"/> Migraines (diagnosed by Doctor)
<input type="checkbox"/> Missing Limb/Appendage
Location _____
<input type="checkbox"/> Mumps
<input type="checkbox"/> Prosthesis
Location _____
<input type="checkbox"/> Ringing in Ears
<input type="checkbox"/> Seizures
<input type="checkbox"/> Swimmers Ear
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Other _____ |
|--|---|

Information for camp nurse or doctor (i.e. procedures needing performed, etc.):

Mental Health History

- | | |
|--|--|
| <input type="checkbox"/> ADHD
<input type="checkbox"/> Behavioral or conduct problems
<input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression
<input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Drug/alcohol/tobacco use disorder |
|--|--|

Is the camper currently under his/her physician's care? Yes No

If yes, why? _____

Date	Hospitalizations/surgeries/broken bones	Explanation

Immunization Status:

Tetanus: Month _____ Year _____

All of my camper's school immunizations are up to date? Yes ___ No ___

Camper Interaction Information

Please help us make your child's Big Lake experience even more valuable with your suggestions and comments for our staff.

Information for the counselor concerning activities, restrictions or behavior needs:

Activity Restrictions	Why	By Whom

Allergies:

Medication	Reaction	Treatment
Food	Reaction	Treatment
Other	Reaction	Treatment